

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH PTO-875)

SERIAL NO.

10/526133

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
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136				/		
137				/		
138				/		
139				/		
140				/		
141				/		
142				/		
143				/		
144				/		
145				/		
146				/		
147				/		
148				/		
149				/		
150				/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153				/		
154				/		
155				/		
156				/		
157				/		
158				/		
159				/		
160				/		
161			/			
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163			/			
164				/		
165				/		
166				/		
167				/		
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			29			

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